Fill	in this information to identify your o	ase:								
Dei	otor 1 Frances Em	mons Rogers	_							
	otor 2				540					
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	<u> </u>						
	se number		_			Check if this is:				
(If k	lown)					An amende	d filing			
_				 .			ent showing postpetition chapter as of the following date:			
<u>O</u>	fficial Form 106I					MM / DD/ YYYY				
S	chedule I: Your Inc	ome					12/15			
Pai	use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	On the top of any additi	onal pages, write yo	ur nam	e and	I case number (if I	known). Answer every question			
1.	Fill in your employment information.	Debtor 1			Debtor 2	Debtor 2 or non-filling spouse				
	If you have more than one job, attach a separate page with information about additional	Employment status	Employed			■ Emplo	■ Employed			
		Employment status	☐ Not employed			☐ Not er	☐ Not employed			
	employers. Include part-time, seasonal, or	Occupation	Doula Nurse			Executi	Executive Director of Asset Dev.			
	self-employed work.	Employer's name	After the Stork			Jackso	Jackson Cross			
	Occupation may include student or homemaker, if it applies.	Employer's address	1040 Ferndale Street Philadelphia, PA 19116				151 S. Warner Road, Suite 110 Wayne, PA 19087			
		How long employed there? 7			2.5					
Pai	t 2: Give Details About Mo	nthly Income								
spo	mate monthly income as of the duse unless you are separated.									
nor	u or your non-filing spouse have m e space, attach a separate sheet to	ore than one employer, co this form.	ombine the informatio	n for all	empl	oyers for that perso	n on the lines below. If you need			
						For Debtor 1	For Debtor 2 or non-filing spouse			
2.	List monthly gross wages, sala deductions). If not paid monthly,	t monthly gross wages, salary, and commissions (be ductions). If not paid monthly, calculate what the monthly			\$	2,719.00	\$16,821.00_			
3.	Estimate and list monthly over		3.	+\$	100.00	+\$0.00				
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	2,819.00	\$ 16,821.00			

Official Form 1061 Schedule I: Your Income page 1

Debto	or 1	Frances Emmons Rogers		Case	number (if known)		···			
	Сор	y line 4 here	4.	For	Debtor 1 2,819.00		btor 2 or ing spouse 16,821.00			
5.	l iet	all payroll deductions:		_			13,02			
V.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	222.00	e	2 222 22			
	5b.	Mandatory contributions for retirement plans	5b.	\$	232.00 0.00	\$	3,626.00 0.00			
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	295.00			
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00			
	5e.	Insurance	5e.	\$	0.00	\$	1,101.00			
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00			
	5g. 5h.	Union dues Other deductions. Specify: ??	5g. 5h	\$_ *	100.00	• \$ <u> </u>	0.00			
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_				4,100.00			
			6	\$	332.00	\$	9,122.00			
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,487.00	\$	7,699.00			
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
	01.	monthly net income.	8a.	\$	0.00	\$	0.00			
	8b. 8c.	Interest and dividends	8b.	\$_	0.00	\$	0.00			
	OC.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		¢	0.00	•				
	8d.	Unemployment compensation	8c. 8d.	\$ \$	0.00	\$	0.00			
	8e.	Social Security	8e.	\$	0.00	\$	0.00			
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00			
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00			
	8h.	Other monthly income. Specify:	_ 8h.+	+ \$_	0.00	+ \$	0.00			
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00			
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$	-	2,487.00 + \$	7,699	0.00 = \$ 10,186.	nn		
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Ľ		-	1,000	10,100.			
	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.	Add Write appl	the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines	ult is t n Liab	he com ilities a	bined monthly in nd Related <i>Data</i>	come. , if it	12. \$10,186.			
13.	Do y	ou expect an increase or decrease within the year after you file this form' No.	?				Combined monthly incom	е		
		Yes. Explain: Husband expects increase in revenue as a result	of fu	ture le	eases and nev	v clients				